

EXHIBIT 3-B1

SIGNATURE CERTIFICATION FORM

Montana Department of Commerce
Housing Assistance Bureau, HOME Program
P.O. Box 200545
Helena, Montana 59620-0545

This is to certify that the following officials are authorized to sign requests for payment of Montana HOME Investment Partnerships Program funds for the _____ (*name of grantee*) _____ FY 2005 HOME grant. It is understood that two of the three persons are needed to sign each request for payment form.

1. _____ Signature	3. _____ Signature
_____ Typed Name	_____ Typed Name
_____ Title	_____ Title
2. _____ Signature	
_____ Typed Name	
_____ Title	

I hereby certify that I have witnessed the signing of the above named signatures.

_____ Signature of Witness	Date: _____
_____ Typed Name and Title of Witness	

SUBSCRIBED AND SWORN TO, before me, a Notary Public for the State of Montana, on the _____ day of _____, _____

(Notary Seal)

Notary Public for the State of Montana
Residing at _____
My Commission expires _____